

Adult Volunteer Health Record
**IMPORTANT: This form must be filled out completely,
signed and returned with the completed application.**

Last Name	First Name	Middle	Nickname
-----------	------------	--------	----------

Street Address	City	State	Zip
----------------	------	-------	-----

Date of Birth:_____ Age:_____ Gender: Male or Female

Person to contact in case of emergency:

Last Name	First Name	Middle	Relationship
-----------	------------	--------	--------------

Street Address	City	State	Zip
----------------	------	-------	-----

Emergency Telephone Number(s): Day () _____ Evening () _____

HEALTH HISTORY: All questions MUST BE ANSWERED.

Are you in good health? Yes ____ No ____

Is your Tetanus Vaccination Current? Yes ____ No ____

Do you suffer from allergies or require any medication(s): Yes ____ No ____

If yes, please state type of **allergies**:

list all **medication(s)**:

Prescribing

Physician:_____

Name

Address

Telephone Number

Adult Volunteer Health Record – Page 2
IMPORTANT: This form must be filled out completely,
signed and returned with the completed application.

Do you suffer from an injury or condition? Yes ____ No ____ (check one)

If yes, please indicate injury or condition:

Treating Physician:

Name

Address

Telephone Number

*** The Indiana National Guard or the Family Programs office will not be responsible for medical bills incurred by volunteers.

SIGNATURE: _____

DATE: _____

Liability/Media Release and Indemnification Form

I do hereby authorize the participation of, and accept responsibility as a volunteer at the Indiana National Guard State Youth Symposium, and all activities in connection therewith, conducted under the auspices of the Indiana National Guard State Youth Symposium.

I agree to participate in said symposium, having been fully and completely informed and advised regarding the nature and purpose of said symposium and the activities conducted there under. It is my full and free decision to participate.

I certify that I am in good health, and hereby authorize the directors of the symposium to act for me, according to their best judgment, in any emergency requiring medical attention.

Since the law requires that permission be obtained for most medical procedures, I wish to give permission for the staff of the Indiana National Guard State Youth Symposium as they deem necessary if I am unable.

I understand that my consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, except in extreme emergency, without me/or my emergency contact being contacted and fully informed and consent obtained.

I also understand that the State Youth Coordinator/Staff has the right to ask me to leave for inappropriate activities, or misconduct, and I may be billed for damages to any property or other replacement costs resulting from theft or damage to property.

I agree to allow photographs of myself to be taken by Indiana National Guard Public Affairs staff and/or State Youth Coordinator/Designated staff during the course of the symposium to be used in future Youth Symposium publicity, including display boards, booklets, and brochures.

I have read the foregoing release and indemnification agreement and I hereby agree on behalf of myself to its terms, and conditions.

Volunteer Signature

Date

Printed Name

**Indiana National Guard
2012 Youth Symposium
Adult Volunteer Code of Conduct Form**

“The youth of our military are entrusted to you”

This Adult Volunteer Code of Conduct gives the staff and volunteers the opportunity to reaffirm their commitment and dedication to the care of our younger guard family. When this statement is signed, it is a statement that our young will be treated with respect, dignity, and attention to individual needs. The Indiana National Guard State Youth Symposium has become a highly respected annual event that provides needed support to our military youth.

In my role, I will:

- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate positive conflict management skills.
- Under no circumstances consume, allow participants to consume, or be under the influence of alcohol or illegal drugs while at the State Youth Symposium.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or other inappropriate acts are not acceptable.
- Accept the responsibility to be a positive role model for youth.
- Accept supervision and support from appropriate leaders and staff.
- Participate in all required orientations and training.
- Make safety a priority in every event, operation, or project.
- Dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited. The State Youth Coordinator reserves the right to determine what is appropriate apparel.
- At no time, will I be alone with a youth or in a youth's room without another Adult Volunteer present.
- If I violate any of the above statements, I may be asked to leave and forfeit all rights to volunteer with the Indiana National Guard Youth Program in the future.

Printed name

Signature

Date